

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

SERVICE TRADES COUNCIL

Name (print) 1201 N DECATUR #116 Office (if applicable) LAS VEGAS (702) 648-7112 District (if applicable)
Mailing Address (include city and zip code) Telephone No.
E-Mail Address

Select Appropriate Box(es) ☐ CANDIDATE ☒ PAC ☐ BAG ☐ POL PRTY ☐ IND EXP ☒ AMENDED ☐ ANNUAL FILING

☐ **Annual Filing - Due January 15, 2004**
Period: January 1, 2003 - December 31, 2003

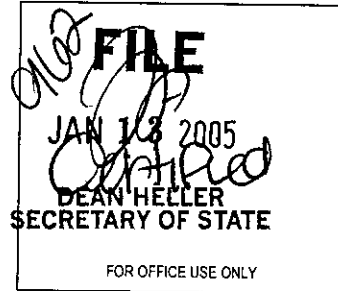
☐ **Report #1 - Due August 31, 2004**
Incumbents in an Office with a 4-year term Period: Jan. 5, 2001 - Aug. 26, 2004
Incumbents in an Office with a 6-year term Period: Dec. 20, 1998 - Aug. 26, 2004
All others Period: Jan. 1, 2004 - Aug. 26, 2004
Ballot Advocacy Groups (BAGs) only: Period: Dec. 5, 2002 - Aug. 26, 2004

☒ **Report #2 Due - October 26, 2004**
Period: Aug. 27, 2004 - Oct. 21, 2004

☐ **Report #3 Due - January 15, 2005***
Period: Oct. 22, 2004 - Dec. 31, 2004
BAGs only: Period: Oct. 22, 2004 - Dec. 5, 2004

☐ **Annual Filing - Due January 15, 2005**
Period: January 1, 2004 - December 31, 2004

* Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2



CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100
2. Total Monetary Contributions Received of \$100 or Less

This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
0.00	0.00

3. Total Amount of Monetary Contributions Received
(Add Lines 1 and 2)
4. Total Value of In Kind Contributions Received in Excess of \$100

This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
0.00	0.00

EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of \$100
6. Total Monetary Expenses Paid of \$100 or Less
7. Total Amount of All Monetary Expenses Paid
(Add Lines 5 and 6)
8. Total Value of In Kind Expenses in Excess of \$100

1000.00	2000.00
1000.00	2000.00

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature Jamie Lai, Bookkeeper Date 1/13/05

SERVICE TRADES COUNCIL

Name (print)

Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	K

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

SERVICE TRADES COUNCIL

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A 365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
TOM COLLINS 5716 SAN MIGUEL AVENUE N. LAS VEGAS, NV 89032	J	9-29-04	500.00
DAVID GOLDWATER 2201 PIAZA DE LA CANDELA LAS VEGAS, NV 89102	J	9-29-04	500.00

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